

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030005

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

1237 Sidney St.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1237 Sidney St.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

STEVE

(ARMICH)

HARMICH

4. DATE OF DEATH

Month

Day

Year

August 4, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/9/86

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ukraine

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Michael Harmich

13b. MOTHER'S MAIDEN NAME

Julia Gagat

14. NAME OF HUSBAND OR WIFE

Sophie Harmich

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sophie Harmich 1237 Sidney St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infirmities of age

INTERVAL BETWEEN ONSET AND DEATH

15 yrs

DUE TO (b)

Bronchial Asthma

DUE TO (c)

Myocardial infarction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

241X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1962 to Aug 1963 and last saw her alive on Aug 2nd 1963

Death occurred at 1237 Sidney St. 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3616 S. B'dway

22c. DATE SIGNED

8/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/7/63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

CHULICK UND. CO. 1722 S. Jefferson

25. DATE RECD. BY LOCAL REG.

AUG 7 1963

26. REGISTRAR'S SIGNATURE

Roal Smith. M.D.

300000-000

1102

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2.5

100

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1000

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